



For Ecology Use  
(Date Stamp)



**Water Resources Program**  
**Request for Determination of Water Budget Neutrality**

☐ SURFACE WATER ☒ GROUND WATER

<b>Section 1. APPLICANT</b>		
Applicant/Business Name: Gregory Weaver	Phone No: (206) 914-0220	Other No:
Address: 10202 Harpers Xing		
City: Langhorne	State: PA	Zip: 19047-4528
Email Address (optional): gregorylweaver@gmail.com		

Contact Name (if different from above): Traci Shallbetter	Phone No: (509) 260-0037	Other No:
Relationship to Applicant: Attorney for Trust Water Right Holder/Agent for Applicant		
Address: 3201 Airport Road		
City: Cle Elum	State: WA	Zip: 98922
Email Address (optional): traci@shallbetterlaw.com		

<b>Section 2. STATEMENT OF INTENT</b>
Briefly describe the purpose of your proposed project: _____ The applicant proposes to construct a <u>single family residence on each of the</u> subject lots and seeks to obtain a determination of water budget neutrality to enable use of 350 gpd, plus seasonal irrigation, from Shared Well #BAN880, for each of the two lots. _____ _____ Anticipated length of time to complete your project: <u>10 years</u>

For Ecology Use	APPLICATION NO: <u>64-35620</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>0</u>	Check No: <u>4</u> ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>05-10-2013</u> By <u>[Signature]</u> WRIA <u>39 Kitt</u>



**Water Use:** List all proposed uses and the quantity required for each.

TWO Single-family residential uses (350 gpd)  
with 500 square feet of irrigation per Single-family residence

Purpose(s) of Use	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
Indoor residential		0.392	continuous
Outdoor irrigation		0.022	seasonal
Indoor residential		0.392	continuous
Outdoor irrigation		0.022	seasonal
<b>TOTAL:</b>		0.828	

### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

#### A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake

☐ Other: \_\_\_\_\_

Source Name: \_\_\_\_\_

Tributary to: \_\_\_\_\_

Number of proposed diversion points: \_\_\_\_\_

Do you have an existing diversion? ☐ YES ☐ NO

#### B.) If Ground Water Source

Do you have an existing well? ☒ YES ☐ NO

☒ Well(s) ☐ Other: \_\_\_\_\_

Existing well diameter & depth: 6", 399 feet

If available, attach Water Well Report and pump test.

Well Tag ID No. BAN 880

Number of proposed points of withdrawal: 1

#### C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
958143 and 958144			9	21N	14E	Kittitas
Lot(s)	Block(s)		Subdivision			
Lots 1 and 2			Trent Short Plat 07-26			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐\_\_\_\_) corner of Section\_\_\_\_\_.

*NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper.*



<b>Section 4. WATER SYSTEM INFORMATION</b> Complete A or B, C, D, E and F below	
<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: Two _____	Present population to be served water: _____
Type of connections: <u>Single family residence</u> <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
<b>D.) On-Site Septic</b>	
Will there be an on-site septic system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field.	
<div style="text-align: center;">Included.</div>	
<b>E.) Sanitary Sewer System</b>	
Will domestic wastewater be discharged to a sanitary sewer system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, please provide a copy of the sewer utility agreement that serves the proposed project.	
<b>F.) Irrigation</b>	
Total number of acres requested to be irrigated under this application = <u>1000</u> sf _____ Acres _____	
NOTE: Outline the area to be irrigated on your attached map.	



## Section 5. MITIGATION

To receive a new water right under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

### A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

Water Right No.	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
CS4-YRB03CC2255 (A) CTCL@2	0.286	cfs	24.20	June 30, 1890
CS4-YRB03CC2255 (B) CTCL@2	0.067	cfs	3.38	June 30, 1890
CS4-YRB03CC2255 (C) CTCL@2	0.056	cfs	2.84	June 30, 1890
TOTAL:			30.42 AF/yr	

### B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
TOTAL:				

## Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Lots 1 and 2 of TRENT SHORT PLAT (SP-07-26), AS RECORDED IN BOOK L OF SHORT PLATS AT PAGES 17 AND 18, UNDER AUDITOR'S FILE NUMBER 201302110087, RECORDS OF KITTITAS COUNTY, STATE OF WASHINGTON

1/4	1/4	Section	Twp.	Range	County	Parcel No.
					Kittitas	958143 and 958144



## Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

TRACI SHALLBETTER, Esq.

Print Name

(Applicant or authorized representative)

  
Signature

5/9/13  
Date

GREGORY WEAVER

Print Name

(Land Owner, if seeking to use the ground water exemption)

  
Signature

9 May 2013  
Date

Submit this form to:

DEPARTMENT OF ECOLOGY  
WATER RESOURCES PROGRAM  
CENTRAL REGIONAL OFFICE  
15 W. YAKIMA AVE, SUITE 200  
YAKIMA, WA 98902-3452

Attachments:

- Owner Info
- Vicinity Map
- Site Map
- Well Log
- Septic Restrictive Covenant
- Groundwater Mitigation Contract